PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/516,384			ing Date 05/2005	To be Mailed
	Al	AS FILE	SMALL	ENTITY 🛛	OR		HER THAN				
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A		N/A	ı	N/A	1 == (4)	1	N/A	(4)
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A	1	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	l	N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	7 CFR 1.16(j))				ı					
* If the difference in column 1 is less than zero, enter "0" in column 2.									ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	06/24/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 13	Minus	 20	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 10	Minus	···10	= 0		X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-	l	x \$ =		OR	x s =	
M	Independent (37 CFR 1,16(h))		Minus	***	-	1	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))								l		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
•							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "o" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients in estimated to the size 2 minutes to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the CENTED (Finewall be sent to the CENTED (Finewall be sent to the CENTED FORMS TO THIS DEPARTMENT OF THE STATE OF T